

Subcontractor Prequalification

BUILDING COLORADO'S FUTURE

JHL Constructors, Inc.

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Return completed form & attachments to jhlinfo@jhlconstructors.com

COMPANY NAME						
FEDERAL ID NO.						
ADDRESS						
CITY		STATE		ZIP		
WEBSITE						
PHONE		FAX				
COMPANY TYPE	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL					
OWNERSHIP TYPE	<input type="checkbox"/> MINORITY OWNED BUSINESS ENTERPRISE <input type="checkbox"/> WOMEN OWNED BUSINESS ENTERPRISE <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADVANTAGE BUSINESS		<input type="checkbox"/> SMALL WOMEN OWNED BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> VETERAN SMALL BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN OWNED SMALL BUSINESS			
YEAR ESTABLISHED						
COMPANY OFFICERS	PRESIDENT					
	VICE PRESIDENT(S)					
	SECRETARY					
	TREASURER					
ESTIMATING CONTACT	NAME					
	EMAIL					
	PHONE					
PM CONTACT	NAME					
	EMAIL					
	PHONE					
OTHER CONTACT	NAME					
	EMAIL					
	PHONE					
LIST TRADE WORK PERFORMED						
AREAS OF WORK	<input type="checkbox"/> DENVER METRO <input type="checkbox"/> NORTHERN COLORADO <input type="checkbox"/> WESTERN SLOPE <input type="checkbox"/> CENTRAL MOUNTAINS					
ANNUAL REVENUE	2019					
	2018					
	2017					
BANKING	BANK NAME					
	ADDRESS					
	CITY, STATE, ZIP					
	CONTACT					
	PHONE NUMBER					
	DOES YOUR COMPANY HAVE A LINE OF CREDIT?			<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> NONE		
	IF YES, WHAT IS THE AMOUNT OF THE LINE OF CREDIT?					

BONDING	IS YOUR COMPANY BONDABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, BONDING COMPANY NAME			
	BONDING COMPANY AM BEST RATING			
	BONDING RATE			
	CONTACT			
	PHONE NUMBER			

LEGAL <i>(IF YES TO ANY, ATTACH WRITTEN EXPLANATION)</i>	HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE THERE ANY JUDGEMENTS, CLAIMS, ARBITRATION PROCEEDINGS PENDING AGAINST YOUR ORGANIZATION OR THE OFFICERS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS YOUR ORGANIZATION FILED ANY SUITS OR REQUESTED ARBITRATION WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST FIVE (5) YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS YOUR ORGANIZATION OF ITS PRINCIPALS EVER FILED FOR BANKRUPTCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

SAFETY	2019 EMR			
	2018 EMR			
	2017 EMR			
	HOW MANY OSHA VIOLATIONS WERE RECORDED FOR 2019?			

REFERENCES	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	
	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	
	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	

REQUIRED ATTACHMENTS	FINANCIAL STATEMENTS FOR LAST TWO YEARS OSHA FORM 300A BLANKET INSURANCE CERTIFICATE (MINIMUM REQUIREMENTS ATTACHED) EXPLANATIONS TO LEGAL SECTION
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THE UNDERSIGNED CERTIFIES UNDER OATH THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.

COMPLETED BY		SIGNATURE	
TITLE		DATE	

MINIMUM LIMITS OF LIABILITY. Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

TYPE OF INSURANCE

Commercial General Liability

Premises/Operations	General Aggregate (Per Project)	\$2,000,000.00
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000,000.00
Contractual	Personal & Advertising Injury	\$1,000,000.00
Independent Contractors	Each Occurrence / Combined	\$1,000,000.00
Broad Form Property Damage	Single Limit (BI/PD)	\$1,000,000.00
Personal Injury		
Explosion /Collapse/Underground (XCU)		

Automobile Liability

Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$ 500,000.00
Hired Autos	Bodily Injury (Per Accident)	\$ 500,000.00
Non-Owned Autos	Property Damage	\$ 500,000.00
Or Combined Single Limit		\$ 500,000.00

Umbrella Liability per Project Aggregate All Subcontractors \$1,000,000.00

Worker’s Compensation (Coverage A)	Coverage A – Statutory	
Employer’s Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
\$500 (Disease – Policy Limit)		
\$500 (Disease – Each Employee)		

Errors and Omissions (When any design or professional services of any type is supplied		
	Per Occurrence / Claim	\$1,000,000.00
	Aggregate with 3 Year Tail if Claims Made	\$1,000,000.00